



DELAWARE HEALTH AND SOCIAL SERVICES
Division of Public Health

Pediatric Tuberculosis (TB) Risk Assessment Questionnaire

Last Name _____ First Name _____ MI _____ ID# _____

Address _____ City _____ State _____ Zip _____

Phone _____ Date of Birth _____ Country of birth _____

Parent/Guardian Email _____

1. Has the child lived for two months or more in the countries that are posted in the CDC TB Endemic? <http://www.stoptb.org/countries/tbdata.asp>

NO _____ Yes _____ Country _____

2. Within the last two years, has the child lived with or spent time with someone, who has been treated for active infectious tuberculosis? NO _____ Yes _____

3. Has any member of the household, of which you spend the most amount of time come to the United States from another country? No _____ Yes _____ Country _____

4. Has the child been diagnosed with a chronic condition that may impair the immune system?

NO _____ Yes _____ **Indicate Yes to any of the below with a check mark**

Diabetes <input type="checkbox"/>	Cancer <input type="checkbox"/>	Other <input type="checkbox"/>
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5. Does the child currently have any of the following symptoms? NO _____ Yes _____

Check all that apply

Failure to gain weight <input type="checkbox"/>	Fatigue/no playfulness <input type="checkbox"/>	Fevers <input type="checkbox"/>
Cough <input type="checkbox"/>	Night Sweats <input type="checkbox"/>	Abnormal CXR <input type="checkbox"/>

6. Has the child been exposed to a person who has been exposed to any of the following?

NO _____ Yes _____ **Check all that apply**

Detention Center/Prison <input type="checkbox"/>	Nursing Home <input type="checkbox"/>	Other <input type="checkbox"/>
Homeless Shelter <input type="checkbox"/>	Drug/Alcohol Center <input type="checkbox"/>	Group Home <input type="checkbox"/>

7. Have you ever had a tuberculin skin test before? No_____ Yes_____ if yes where was the test given_____ Results (mm) _____ Date_____

8. Has the child ever been incarcerated in a detention or jail?
No_____ Yes_____ Where_____

The information above is true and complete to the best of my ability and knowledge, and I am aware that deliberate misrepresentation may jeopardize my health. I understand that this information is confidential and will not be released without my knowledge and written permission.

Signature of Client/Guardian

Date

If yes, to any of the above, the child has an increased risk of TB infection and should have further testing.

All children with a positive TST/IGRA result must have a medical evaluation, including a chest X-ray. Treatment for latent tuberculosis should be initiated if the chest x-ray is normal and there are no signs of active infectious disease. For management guidelines for contact the public health unit in your county. May contact the TB Elimination and Control program at the address below.

10/24/2017

TB Elimination and Control Branch
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302-744-1053